

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 7-8-05 2 Serial/Patent # 10/520021

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/>	Filing			\$ 100
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$

	7 TOTAL AMOUNT OF REFUND	\$ 100
--	--------------------------	--------

8 TO BE REFUNDED BY:

10 REASON:

☒ Overpayment ☐ Treasury Check

☐ Duplicate Payment ☒ Credit Deposit A/C #:

☐ No Fee Due (Explanation): 9

1	3	--	2	8	5	5
---	---	----	---	---	---	---

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: John Anderson TITLE: Paralegal Specialist

SIGNATURE: *John Anderson* PHONE: 308-9140 ext 211

OFFICE: PCT - DO/EO

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____ DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**